



Panama Maritime Authority  
Directorate General of Merchant Marine  
Maritime Ships Security Department

**DECLARATION OF COMPANY SECURITY OFFICER**

Name of CSO:

Passport No.:

CSO Email and Cellphone:

Company Name (same as DOC):

IMO Company Identification No.:

Company Address (same as DOC):

Company Phone No.:

Company Email and Fax No.:

Please write the Vessel(s) managed by the CSO above-mentioned:

	Vessel	IMO No.	Call Letters	GRT	Type	Liner, Tramp, Global, etc.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

The information provided above is submitted by the following personnel:

Name: \_\_\_\_\_

Signature and Date:

\_\_\_\_\_

Acknowledge By Panama Maritime Authority:

Date of issue: \_\_\_\_\_

*Chief of Maritime Ships Security Department*

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